IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	CHEN
Application No.	:	10/766,829
Filed	:	January 30, 2004
Title	:	MEMORY CARD STRUCTURE
Group Art Unit	:	2876
Examiner	:	A. Taylor
Docket No.	:	3126-172

MAIL STOP AF
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL COVER SHEET

Sir:

Transmitted herewith for filing are the following:

1.   Request for Continued Examination (RCE) Transmittal (Original and Duplicate) along with authorization to charge Deposit Account No. 501874 in the amount of $395 to cover the Small Entity Filing fee.

TOTAL FEES SUBMITTED: $395.00

The Commissioner is hereby authorized to charge any additional fees which may be required for the filing of this document to **Deposit Account No. 501874.**

Respectfully submitted,

Date: <u>December 14, 2005</u>   By: _____

Bruce H. Troxell
Reg. No. 26,592

TROXELL LAW OFFICE PLLC
5205 Leesburg Pike, Suite 1404
Falls Church, Virginia 22041
Telephone: (703) 575-2711
Telefax: (703) 575-2707

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number	20/766,829
	Filing Date*	January 30, 2004
	First Named Inventor	CHEN
	Group Art Unit	2876
Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Examiner Name	A. Taylor
	Attorney Docket No.	3126-172

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. **Please consider the following as the required submission under 37 C.F.R. §1.114:**

   ☒ a. **The Amendment/Reply filed on <u>October 21, 2005</u>:**

   ☐ b. The Information Disclosure Statement (IDS) filed on (date):

   ☐ c. The Brief/Reply Brief filed on (date):

   ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):

   ☐ e. Other:

☐ 2. **A ___ - month Petition for Extension of Time is filed herewith.**

☒ 3. **The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.**

☒ 4. **Authorization is hereby given to charge Deposit Account No. 501874 in the amount of $395 to cover the Small Entity Filing Fee. A duplicate of this form is enclosed herewith.**

☐ 5. This Request is transmitted by facsimile to number (703) _____.

☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	$790.00
Total Claims:	1	-	20	(highest number previously paid for) =	0.00	X $18 =	0
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X $86 =	0

Correspondence Address: **TROXELL LAW OFFICE PLLC** 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041	Multiple Dependent Claim (add $280.00):	0
	Subtotal:	$790.00
	50% Reduction if Small Entity Status:	$395.00
Phone: 703-575-2711 Fax: 703-575-2707	Total:	$395.00

Date:	Name:	Signature	Reg. No.
December 14, 2005	Bruce H. Troxell		26,592

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